

CITY OF SACRAMENTO

Permit No: 9809076

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 2215 18TH AV SAC

Sub-Type: RES

Parcel No: 0180043016

Housing (Y/N): N

CONTRACTOR

ABES AAA PLUS
8291 DRESSAGE WAY
SACTO CA 95829

OWNER

RICHARDSON EMMETT J/JOSEPHINE
2215 18TH AV
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: SAFTEY INSP TO RESTORE ELEC POWER

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B1 License Number 735391 Date 4-30-99 Contractor Signature Jim Anderson

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date _____ Applicant/Agent Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE COMP FUND

Policy Number 1404326

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 9-15-98 Applicant Signature Jim Anderson

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

BUILDING INSPECTIONS
916-264-5716
Permit Services
916-264-7619
FAX 916-264-7046

Date: _____

9/15/98

REQUEST FOR GRATIS FIRE REPORT

Please give copy of fire report for: 2215-18th Av. to be used for information to issue building permit. As it is requested by our division there should be no charge.

Thank You,

Name

[Signature]

Title

BLANK INSP. II

Sacramento Fire Department - Incident Report

Incident No : 980037997 Call# : 98082973 Date: 09/06/98 Time: :58
Address : 2215 18TH AV #A
Type : 11 BUILDING FIRE
Action Taken: 13 EXTINGUISH, SALVAGE, OVERHAUL
Property : 1-2 FAMILY RESIDENTIAL: SINGLE FAMILY
UBC : DWELLINGS AND LODGING HOUSES

Weather : 75 Degrees / Clear
Resources : 1 Engine, 1 Truck
 : 1 Other Apparatus
Fire Casualties : 1 FF Injured

Fire Damage : Confined to structure of origin
Smoke Damage : Confined to structure of origin
Property Loss : \$10,000 Contents Loss : \$500
Property Value : \$40,000 Contents Value: \$500

Level: A01

Area of Origin : Lounge area
Caused by : No equipment involved
Form of Heat : Undetermined
Ignition Factor : Undetermined
Type of Material : Sawn woods, finished lumber
Form of Material : Floor covering, surface
Type of Material : Sawn woods, finished lumber
Form of Material : Floor covering, surface
Smoke Travel : Doorway, passageway
Other Factors : Acts or Omissions Insufficient information
Extinguished by : Water carried on first in unit
Structure Type : Building with one specific property use
Structure Status : Vacant but secured and maintained
 : Not occupied
Construction Type: Type V - Wood Frame
Roof Type : Composition
Number of Stories: 1

Detector Type : No detector
Extinguishing Sys: No extinguishing system
Report Author : F409



Fire Water Vandalism
Construction & Restoration

8291 Dressage Way
Sacramento, CA 95829
Contractors Lic. #735391
Fed Tax I.D. #68-0363956

Tel: (916) 638-4194
Tel: (800) 900-1001
Fax: (916) 455-9739

INSURED/PAYOR:

Mr & Mrs Richardson

PROPERTY ADDRESS:

2215 18th Ave

Sacramento CA

PHONE: (916) 392-4609

INSURANCE COMPANY:

CSE TWP Co

ADJUSTER Mary Chambers

CLAIM # 284571

POLICY# CAF0481544

PHONE: _____

PROPOSAL AND CONTRACT

AAA PLUS proposes to furnish the necessary materials and labor to restore, construct, clean and/or place improvements at the above address for owner, upon the terms and conditions contained in this document and according to the following specifications:

To Do all work necessary as per
agreed scope of repair.

The above insurance company has approved the scope and cost of work set forth in the estimate submitted to them. The insured will direct the insurance company to make any payment due under the above policy directly to AAA PLUS, or to include AAA PLUS as the payee on the draft.

The insured agrees to pay their deductible and any amount of depreciation determined by their insurance company pursuant to the terms and conditions of their policy.

[Signature] 9-14-98
AAA PLUS Authorized Agent (date)
Signature

[Signature]
Customer Authorization (date)
Signature

RE: by state of California, State License Board (minimum and maximum requirements)